

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	S.B.	20282300	
O.I.P.E. CLASSIFIER	13		2/16/00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	Av	60430	4-6

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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